

PHILADELPHIA MEDICAL TIMES.

SATURDAY, SEPTEMBER 18, 1875.

ORIGINAL COMMUNICATIONS.

ENUCLEATION OF TWO VAGINAL FIBROIDS, CONTAINING LYMPHATICS—LYMPHANGIOMA FIBROSUM.

BY JAMES R. CHADWICK, M.D.,
of Boston.

Read before the Obstetrical Society of Boston.

MISS L., 32 years old, began about six years ago to have epileptiform attacks during menstruation. They were not constant in their attendance upon the menses, but occasionally skipped a month. During the past year they have sometimes recurred during the intermenstrual periods, but, on the whole, have not increased in frequency. The spasms are invariably preceded by aura, which is described as a faintness first felt in the left ovarian region, passing thence to the heart and on to the head, whereupon loss of consciousness immediately ensues. The patient has arrested many attacks by pressure in the ovarian region. The convulsions last about fifteen minutes, during which time the patient turns black in the face, has general tonic spasms, her jaws are rigid, she foams at the mouth, and often bites her tongue. On one occasion she broke a tooth against a silver spoon. From this she passes into a stage of delirium, during which she screams, talks wildly, etc. This subsides after a few minutes, and leaves her free from any ill effects, and perfectly able to resume her daily task.

These were all the data that I obtained at my first visit, several months since. Of course the question at once arose, Was this disease epilepsy, or was it only the functional nervous affection called hystero-epilepsy? The distinctive traits were recently portrayed by Charcot* in a clinical lecture as follows: "In hystero-epilepsy the premonitory symptoms are apt to be of rather long duration, and consist principally of an aura, which, starting in most cases from the ovarian region, advances progressively to the head. The cry is prolonged and modulated, not short like the epileptic. The convulsions are identical in the two affections. Instead of entering subsequently upon a stage of snoring, the hystero-epileptic is delirious and subject to hallucinations; there is, however, no maniacal excitement or violence. In the ovarian form of hystero-epilepsy, pressure upon the ovary will invariably modify the symptoms, if not completely arrest the attack; in epilepsy no effect is produced. With the lapse of time the hystero-epileptic becomes capricious, fantastic, but very rarely irascible, gloomy, or dangerous."

My patient presented enough of the symptoms peculiar to hystero-epilepsy to prompt a more particular inquiry into the condition of her sexual functions. She reluctantly confessed to the presence of a tumor at the vulva, first observed at about the

time when the convulsions began to manifest themselves. It had not increased much in size or given rise to discomfort, except at her menstrual epochs, when it had always swelled to double its volume, often causing retention of urine as well as of the menstrual flow. Her sufferings from these causes were often intense.

Examination revealed an oval, elastic tumor, as large as a walnut, lying precisely beneath the arch of the pubis, between the anterior vaginal wall and the urethra, and projecting into the vaginal canal, so as nearly to occlude the opening in the hymen. The uterus was quite independent. On learning that this was probably the exciting cause of her convulsive attacks, the patient readily consented to its removal; but a month elapsed before I saw her again. She then reported that at the last catamenial period the tumor had swelled to unwonted dimensions, had protruded from the vulva, whereupon she had picked off two dry scales from its surface. The tumor had since remained large, protruding, and at the two spots mentioned the tissues had budded out; she had, moreover, had three very severe spasmodic attacks within the month, instead of one in two months, as heretofore. I found that, owing to the constriction of the hymen, the growth or swelling had been forced down until it appeared pedunculated; on its anterior surface there were two mushroom-like excrescences covered with exuberant granulations; these are still visible on the larger specimen; there appeared to be an attempt at spontaneous enucleation.

At the operation on the next day it was only necessary to cut the narrow strip of vaginal wall and capsule intervening between these two excrescences, when the tumor, nearly as large as a hen's egg, was readily enucleated with the handle of the scalpel. This second tumor, the size of a bean, was found in a distinct capsule, near the first, and removed. Ligatures were applied to a few bleeding points, and the lateral edges of the incision brought together with silk sutures. There was no union by first intention, but after three weeks the opening had completely healed.

In their gross appearances these tumors would be grouped with fibroids of the vagina, of which I find only a few on record.

Kiwisch† cites two cases, reported by Gremler and Pelletan respectively. The former writer removed a ten-pound fibroid tumor, which hung by a pedicle from the introitus vaginæ. The latter enucleated a similar growth from its site to the right of the vagina, where it extended from the rectum to the bladder, interfering with defecation and micturition.

Paget,‡ after referring to the cases of Brodie, Hawkins, Curling, and O'Ferrald, describes a tumor which originally projected into the vagina from beneath its right wall. One or two punctures caused it to take on a more rapid growth, whereupon it was dissected out without difficulty. Traetzl§

* Abstract in London Medical Record, March 18, 1874.

† Klinische Vorträge, ii. 558.

‡ Lectures on Surgical Pathology, vol. ii. p. 116.

§ Monatsschrift für Geburtskunde, xxii. 3, 227.

removed a fibroid as large as a man's fist, which was protruding from the vagina of a child fifteen months old. The seat of its attachment is not given.

McClintock* has met with three instances of this growth. His description of the first corresponds almost precisely with my own case. The growth was, however, removed by ligature, giving rise to a sloughing of the mass with hemorrhage and prostration, but resulting ultimately in recovery.

In the second and third cases the tumors depended by pedicles from the post-vaginal wall. They were taken off with the *écraseur*.

Hecker,† in 1855, excised a fibroid tumor, as large as a walnut, from just behind the left nymphæ.

West‡ speaks of a case then under treatment, as probably being a fibroid tumor. It was three fingers long, lay in the direction of the urethra, "pushed the uterus into the hollow of the sacrum, but was quite independent of this organ."

Meadows§ met with a tumor about the size of a turkey's egg, which projected from the vulva, and was adherent to the vagina on all sides; it was for a while supposed to be a prolapsed uterus. The adhesions were, however, separated, and the growth traced up between the bladder and the uterus. As much as possible of the mass was removed with the *écraseur*; but the patient died on the seventh day with symptoms of embolism. The uterus proved to be independent of the tumor, which appeared to have sprung from the fibrous tissue of the anterior vaginal wall.

A few more cases might be adduced, but I have quoted authorities enough to show that the origin of fibroid tumors in and about the vaginal walls, quite independently of the uterus, is firmly established. The most common site seems to be between the anterior vaginal wall and the urethra.

In only one instance, that of Hecker, was any microscopic examination of the tumor mentioned in the reports; his tumor was found to be "purely fibroid structure."

My tumors proved unexpectedly to be of peculiar, I may say almost unique, microscopic character, as may be seen from this description of the specimen by Dr. R. H. Fitz:

"Sections removed from the tumor were, after being stained with hæmatoxylin, mounted in glycerin and Canada balsam. The tissue was found to be exceedingly rich in delicate vessels, not containing blood, anastomosing with one another in a very intimate manner; the intervening spaces were more or less circular, and contained a fibrillated substance in which were occasional round and innumerable stellate cells. The latter were, in many instances, directly continuous with the vessels previously mentioned, particularly with the smaller ones, which were likewise stellate in their distribution, and apparently differed from the stellate corpuscles only in being more voluminous and having more abundantly nucleated walls. On the addition of acetic

acid, the intercellular substance became homogeneous and translucent. Although the tumors possess the general characteristics of fibromata, they are peculiar in containing such numbers of anastomosing tubes of the nature of lymph-vessels. The term lymphangioma fibrosum would most nearly indicate the apparent character."

It seems to me probable that a microscopic examination of some of the other vaginal fibroids would have disclosed similar histological elements. It is highly desirable that such tumors should be more carefully studied in the future.

I regret to say, in conclusion, that there has been no abatement in the frequency or violence of the epileptoid attacks, despite the successive administration of the bromides, iron, quinine, free phosphorus, etc., etc. The uterus is not enlarged or displaced, but its mobility is more restricted than usual; to its left there is an ill-defined resistance, upon touching which the same sensations are excited as constitute the epileptoid aura. There is no history of peritoneal or cellular inflammation, and no reason for thinking that the resistance is due to any kind of effusion. The practical question arises, Would the removal of the left ovary or the offending body cure the convulsive affection?

CHLOROFORM IN MALARIA.

BY JOS. BERENS, M.D.

THERE is nothing new or original in the treatment of malaria by the internal use of chloroform.|| The absolute desuetude, however, into which the remedy has fallen, coupled with the incontrovertible fact that the potency of quinine is not invariably sustained, the difficulty, also, of obtaining the latter under certain circumstances of poverty or accident, have suggested the publication of the following cases. They occurred in the wards of the Philadelphia Hospital, under the charge of Dr. H. C. Wood:

Case I.—M. B., æt. 37, eight years ago, while living in a malarial district of the city, contracted fever and ague, which disappeared permanently at the end of nine months. There was no recurrence until, three weeks previous to admission, she had a second attack while living in Pemberton, New Jersey. The chills are of the pure tertiary type, appearing regularly at three o'clock every second day, and for which she has been under no treatment. She has had two most unequivocal paroxysms since admission, and expects another this afternoon. Ordered half a drachm of chloroform hourly for three hours preceding the attack; a full drachm at the time of attack. Patient had an hour's sleep after last dose, but no chill nor any subsequent febrile excitement. This was on the 23d of November. The same treatment was applied on the following chill days until December 2, after which no more chloroform was administered. During this time there was no renewal of the paroxysms, while the condition of the patient steadily improved. The patient has been under observation at intervals up to the present, and as yet has had no symptom of a return of her trouble.

Case II.—Mary C., æt. 40, entered the house October

* Diseases of Women, p. 196.

† Monatsschrift für Geburtskunde, vii. 2, 97.

‡ Diseases of Women, 3d edit., p. 642.

§ Obstetrical Transactions, vol. x. p. 141.

|| Vide Flint's Practice of Medicine, p. 928.

23, suffering from a quartan ague of two weeks' standing and of moderate severity. The day following her admission, at 10 A.M., she had a well-defined chill and subsequent fever.

Oct. 24.—Ordered a drachm of chloroform every hour for three hours before the expected seizure. Patient slept almost continually from the first dose until an hour after the last. She missed her usual attack altogether.

Oct. 25.—Through the carelessness of the nurse, the patient did not get her medicine. At the usual time there were a few crawling sensations, or rather a feeling as though she were going to have a chill; this was of a half-hour's duration, and followed by considerable fever.

Oct. 26.—To-day she received her medicine as directed, and slept over the time for her attack, without an unpleasant symptom.

Oct. 29.—Patient has been very ill all day, from the combined effects of a chill and aggravated hemorrhoids. The chloroform seemed to have little or no effect, excepting to make her very drowsy.

Oct. 30.—Chloroform as usual, with the effect of preventing the chill.

Oct. 31.—Four hours before the expected attack, she had a severe shake, succeeded by high fever. Chloroform administered in twenty-drop doses every hour, with the effect, as the patient stated, of alleviating the attack.

November 1.—Began the administration of the remedy four hours earlier. She escaped her chill.

Nov. 2.—At 4 A.M., just before taking the first dose of medicine, she had a moderately pronounced chill, after which there was intense fever, with great prostration. Chloroform administered as before, but with no appreciable effect.

The next time treatment was begun at midnight, and the day following at 10 A.M., with the effect of preventing an attack. From this until the 7th there was no attack, although no chloroform was administered.

On the 7th there was a chill at 6 A.M.

Nov. 13.—The paroxysms have been carefully anticipated, with the result of preventing their repetition. Treatment discontinued.

December 15.—There has been no return of the malarial trouble. Patient discharged.

Case III.—C. D., æt. 35, entered November 5; states that he has had fever and ague for two weeks. Has a chill every day at 9 A.M.

Nov. 7.—Yesterday had a decided malarial paroxysm at the stated time. This morning the attack was anticipated for three hours by hourly doses of a drachm of chloroform, with the desired effect.

Nov. 10.—Treatment has been continued with entire success. Treatment discontinued.

Nov. 23.—Discharged at his own request, having had no symptom of malaria after the first dose of chloroform.

Case IV.—H. McP., æt. 22, entered the house on October 22, suffering from quotidian ague of an unusually severe type. She had a similar attack about a year previous, but for the past few months has had no trouble until three weeks ago, when, she says, her chills returned more violently than ever.

She has been under treatment outside, and appears to have been thoroughly dosed with quinine. She expects her chill in five hours; ordered five grains of cinchona every hour till then. The chill appeared with unabated vigor. During the sweating stage she took fifteen grains more of the cinchona, and in the course of a few hours was well influenced by the drug. The day following she received five-grain doses hourly for four hours before the attack. At the appointed time the chill appeared, the extreme violence of the attack not seemingly affected by the cinchona. The day following, quinine was substituted for cinchona, and Fow-

ler's solution added; this treatment was continued for a week, with no effect in diminishing the force of the attacks. The treatment discontinued, and chloroform ordered in half-drachm doses hourly for four hours preceding the attack, with a full drachm at the time it was expected. She missed her chill for the first time, and felt much better than usual. The chloroform retained its power to control the paroxysms for eight days, when it was omitted. At the proper time the day following, the patient complained of feeling cold, but had no perceptible chill; the chilly sensation was followed by a moderate fever, which lasted some hours. The next day the chloroform was resumed. The chill was prevented; there was a little feverishness; pulse 92, temperature 100½°.

For six days the treatment was continued with excellent results; on the seventh and eighth, however, there was a return of the chills in spite of the regular administration of the remedy. Quinine and arsenic were now resumed. The day following there was no chill. This effect lasted for three days, when the symptoms returned with full force. Chloroform was now added to the quinine and arsenic. The effect was most happy for five days, when there was a slight chill, after which the temperature ran up to 105°. The same treatment was now persisted in during the following two weeks; during the time she had one severe chill and two insignificant ones. At the end of this time she passed into other hands, and received no more chloroform, although the quinine and arsenic were continued *ad libitum*. The malady re-asserted itself with great virulence, and continued till the patient died of an intermittent pneumonia some months later.

Even recollecting that a certain proportion of cases of malaria tend to a spontaneous recovery, there are reasonable grounds for attributing the benign course of the disease, in the majority of the cases quoted, to the remedy employed. The patients themselves seemed to entertain little doubt on the subject, and chloroform soon gained a reputation in the wards. In Case IV., particularly, the results were most pronounced: here bark and arsenic seemed to possess little power to control paroxysms which yielded, in part at least, to chloroform.

It may be incidentally remarked, before closing, that ether was used in four cases with the view of comparing its effects in this direction with those of chloroform; its value would seem to be incomparably inferior, for, though it undoubtedly exercised some controlling influence, in no instance did the disease subside during its exclusive employment.

NON-MALARIOUS ORIGIN OF INTERMITTENT FEVER.

BY THOMAS H. STREETS,

Assistant-Surgeon U.S.N.

INTERMITTENT fever occurred several times on board the United States steamer "Portsmouth" during her recent extended cruise, and it was always accompanied by such conditions that I was forced to believe that it was produced by agencies other than those of a malarious origin.

Still, however, supposing that chills and fevers are produced by miasmata,—a hypothetical substance supposed to be generated by the decay of vegetable matter,—I insist that there are other agents capable

of producing, and which do actually produce, the identical disease; and these latter I hold to be atmospheric changes, thermometric and barometric, inasmuch as, in the instances which I am about to narrate, these changes always either preceded or accompanied the attacks, whose origin cannot be explained rationally on any other grounds.

The ship left New York in midwinter, when the ground was frozen and covered with snow. We passed from the depth of winter to the tropics, and from the tropics to the temperate regions; and when in the vicinity of latitude 40° S., in the South Atlantic, we encountered a damp, chilly belt, where fogs prevail, a region similar to that in the vicinity of the Banks of Newfoundland in the Northern hemisphere. Here the first cases of intermittent fever showed themselves aboard.

On the day before entering this belt, the thermometer registered 75° Fahr. at noon, and the weather was clear and pleasant; on the day following, the thermometer fell to 60° at mid-day, and the weather was damp, chilly, and foggy. On the third day the thermometer fell as low as 55° at mid-day. During these three days we passed through about three degrees of latitude, for the winds were light and variable.

Another notable instance, when the same thermometrical changes were experienced, and which were accompanied, as in the former instance, by the appearance of some new cases of intermittent fever aboard, was when the ship was cruising to the eastward of the Sandwich Islands, in about the region of longitude 135° W. Here the cold polar current that sweeps down along the western coast of North America meets the warm airs of the tropics and causes a condensation of their moisture. The sky is constantly clouded; the weather is damp, foggy, and chilly; and the thermometer ranges from 66° to 69° Fahr. at mid-day. Along with the intermittent fever there appeared in this instance cases of rheumatism, bronchitis, tonsillitis, and neuralgia, all of which I deemed were due to the operation of the same cause.

According to a good authority,—Parkes,—the horizontal spread of malaria is not more than two or three miles. This is overland. A spread of water seems to be more efficacious in checking its progress. Yet, even if it be transferable "ten, twenty, or even one hundred miles," as is stated by some authorities, our track put us without the limit of its influence in the extreme case: we were over one thousand miles from the nearest land, and taking it in the direction of the prevailing winds, from which the noxious germs would be most likely to come, it was very much farther removed. The only way remaining that I can see to explain the origin of these cases of ague according to the old notion is to say that the germs of the disease were latent in the body, and in this extraordinary state of the atmosphere found conditions favorable for their growth and development; yet this could hardly be applied to those cases that originated *de novo*, of which there were several.

In opposition to the theory of the latency of the germs of the disease, and to the opinion held by

some, that one attack of the disease predisposes to another when exposed to the deleterious agent, I will mention my own experience in Southern Mexico in 1870. I was one of two in a large party who escaped entirely from the malignant fever of that country during a residence there of about eight months. I attribute my immunity to the extreme precaution which I took to keep my body always warm, and not to expose myself to the rains and dews of the night. Slighter changes than could be appreciated here would there cause a decided lowering of the tone of the body in the already enervated state of the system which a residence in a tropical climate generates. I considered myself at the time particularly liable to the disease, for I had, less than a year before, gotten rid of an attack which I had contracted in the bottom-lands of Texas, and which had remained by me for fifteen months. Quinine was given to some of the members of the party, yet it failed to exert any prophylactic properties when not joined with due care to preserve the warmth of the body and to guard against exposure.

Any one who has lived in a malarious tropical country for any length of time, and has been observing, knows full well that the surest way to keep himself free from fevers is to wear flannel next the skin, and to have a roof over his head at night and when it rains. "It has been supposed that wearing flannel next the skin lessens the risk of malaria. As it is generally supposed that the poison of malaria enters by the lungs or stomach, it is difficult to see how protection to the skin can prevent its action, except indirectly by preventing chill in persons who have already suffered from ague. But the very great authority of Andrew Combe, drawn from experience at Rome, is in favor of its having some influence, and it has been used on the west coast of Africa for this purpose with, apparently, good results" (Parkes). I have always found a change to heavier clothing to be a valuable auxiliary in the cure of the disease.

It is hardly probable that the habitations in tropical countries, that have such free ventilation, keep out the invisible malaria, which is freely suspended in the air, penetrating everywhere. What is it, then, that the roofs keep off but the dews and rains?

The native Hawaiian cultivates a root called *taro* (*Arum esculentum*). To cultivate this root successfully it is necessary that the ground should be in a condition similar to that which favors the growth of our Indian turnip. They throw up embankments around patches of land, and then flood it with water until the soil is converted into mud eighteen inches to two feet deep. The root grows in the mud, and the ground is kept so for six months or more in the year. Here are all the conditions requisite for rapid vegetable decomposition; and, as most of the patches are to the windward of Honolulu, the trade-winds are constantly sweeping the malaria over the town; yet intermittent fever is a very rare disease there, as well as on the leeward side of the island, where there are extensive rice-fields as well as *taro* patches.

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ship when she lay in the harbor of Honolulu was when there was an interruption in the trades, and the wind blew from the south over the water. The south wind brings rain and moisture, and epidemics of influenza and tonsillitis prevail at the same time. So remarkable are these winds that the natives have called all the southern districts of the islands "kona," which signifies "sick winds."

Concerning the curative agent of ague, quinine, "it is probable that, beyond its powerful tonic effects, this alkaloid has no preventive influence unless combined with careful protection from damp and chill."

"Although quinine was not found to be a preventive, except possibly in the way of acting as a tonic and rendering the system more able to resist the influence of malaria, it was found invaluable in the cure of the complaint" (Livingstone).

TRANSLATIONS.

COMPLETE GANGRENE OF THE LEFT KIDNEY.—M. Avezou reports the case of a man aged 79 years, who, while under treatment for a left-sided pneumonia, complained of having had for several years pain in the left lumbar region. He had never suffered with nephritic colic, hæmaturia, or difficult micturition; the urine was normal, containing neither albumen nor sugar; and there had never been any œdema of the legs and feet. In eight days the patient died.

The autopsy showed the existence of hepatization of the left with some congestion of the right lung, and a healthy condition of the cardiac valves, though there were some atheromatous patches in the aorta.

The right kidney was of firm consistence, and presented to the eye no alteration. The left kidney, however, was black and friable, and had an offensive smell; the surrounding cellular tissue and the walls of the descending colon at the level of the kidney were also dark-colored, but not at all softened. The ureter of this kidney had a small though permeable calibre, while the renal artery was not obliterated in its terminal portion nor in any of its branches.

On microscopical examination, both kidneys showed plainly the alterations due to interstitial nephritis, with atrophy of a large number of the glomerules, there existing no essential difference between the two organs except in the degree of the pathological change. In some of the tubes colloid casts were found, and in certain parts of the left kidney a very small quantity of granular pigmentary bodies were seen. While the specimens were fresh there were discovered a large number of vibrios and small fatty drops on both kidneys. The microscopist had some doubt as to the real gangrenous nature of these lesions. The spleen was also dark-colored, but the bladder perfectly healthy.—*Le Progrès Médical*. J. B. R.

COMPRESSION OF THE PELVIS BY UTERINE FIBROID.—At a recent meeting of the Société de Chirurgie, M. Guéniot read a report upon this subject apropos of a communication made by M. Here, of Rouen. His conclusions are as follows:

1. Complete and permanent occlusion of the intestine by the compression of a uterine fibroid is, fortunately, of rare occurrence; but the more or less severe troubles produced by this cause, either in the functions of the intra-pelvic nerves or in the excretion of fecal and

urinary matters, appear, on the contrary, to be rather common.

2. Albuminuria and certain grave lesions of the kidneys may be caused by the urinary obstruction.

3. The fibroids which cause the most trouble are not always the largest; those which threaten the greatest danger are the ones which do not rise out of the pelvic cavity.

4. Where compression of the rectum occurs, the gravity of the trouble produced is not entirely due to this cause; other causes combine to render the accident more severe (such are length of accumulation of the feces, peritonitis, and the formation of peritoneal bands, ulceration of the intestine, atony of the latter from the use of opiates, etc.).

5. Finally, the therapeutics of this affection, heretofore so powerless until recourse is had to enterotomy, are comparatively efficacious when the tumor can be raised out of the pelvic cavity.—*La France Médicale*, 1875, p. 453. X.

INHALATIONS OF WINE OF IPECAC SPRAY IN CATARRH AND ASTHMA.—Drs. Binger and Murrel (*Gaz. Méd. de Paris*, 1875, p. 374; from *Siglo Medico*) recommend this preparation, pure or diluted, according to the susceptibility of the subjects. The first liquid inhalation should be drawn deeply in by the mouth, the tongue being kept down and the nostrils closed. The earlier sittings should be short, with a period of rest between each three or four inspirations. Twenty-five patients have undergone this treatment at the hands of Drs. B. and M., of whom the majority were cured in twelve days, but a few before that time.

The first inhalations are sometimes followed by augmentation of the cough, dryness of the throat, and hoarseness; these symptoms are only temporary. Between the respirations of the spray, gargles should be used to remove particles of ipecac from the pharynx, etc., so that nausea may be avoided. The number of sittings may vary from one to three a day, and the temperature, dilution, etc., may be changed to suit the individual case. X.

TUMOR FORMED BY THE GALL-BLADDER; EXTRACTION OF CALCULI; CURE.—M. Paulet reports the case of a woman of 42, who, in November, 1874, felt a severe pain in the right flank, when examination disclosed the presence of an ill-defined tumor. Suppurating ovaritis was diagnosed. In December it was decided to open the tumor. Vienna paste was applied; a small quantity of liquid escaped. Exploration with the aid of a female catheter showed a number of hard bodies. Forty of these calculi were removed, and the patient had recovered by March, 1875.—*La France Médicale*, 1875, p. 453. X.

VALVULAR LESIONS OF THE HEART IN PHTHISIS.—Dr. Frommolt, in a *résumé* of a number of cases, states, first, that the occurrence of chronic alterations of the heart in conjunction with the existence of phthisis is not so rare as we have heretofore supposed; secondly, that the ventriculo-aortic orifice is more frequently involved than the left auriculo-ventricular opening, though there is really not a very marked difference; and, thirdly, that the simultaneous alteration of several of the cardiac orifices in connection with phthisis is only observed very rarely.—*La France Médicale*. J. B. R.

ANOMALY OF THE POPLITEAL REGION (*Bull. Gén. de Thérap.*, July 30, 1875).—M. Silette reports an anomaly of the internal gastrocnemius muscle of the right leg. Instead of being attached to the condyle of the femur by a single tendon, in this instance it bifurcated and gave passage to the neuro-vascular structures of the popliteal space. J. W. W.

PHILADELPHIA MEDICAL TIMES.

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EDITORIAL.

ARSENIC IN AGRICULTURE.

THERE is an animal in these parts whose fecundity would satisfy the longings of even the most ultra of that school of social philosophers whose sole creed is "increase and multiply." We refer to the potato-bug. The number of these pests is simply enormous. We have known a tug lying in the middle of the Delaware River, nearly a mile from either shore, to swarm with them; and a friend informs us that after the last northeast storm the beach at Ocean Grove was covered with multitudes, which, apparently, had essayed to cross the Atlantic and had been beaten back.

The only method of meeting the evil efficiently is by the use of Paris green upon the vines; and considerable anxiety has been felt lest the arsenic should be absorbed by the potato, and thereby poison those who used the tuber for food: indeed, one or more of the eminent toxicologists of our country have published warnings against the employment of arsenical preparations in agriculture.

It has always seemed to us very improbable that plants would take up arsenic when strewn on them in the way practised by the farmer. The poison falls chiefly upon the leaves, and these organs do not absorb other substances than gases. The arsenic which reaches the roots is chiefly that which is washed off the vines by the rain. This is a slow process, and consequently the soil is never strongly impregnated with the poison. Only a very small amount can, therefore, reach the roots, and these

absorbents undoubtedly exert to some extent a selective power, taking in that which is necessary for them, and rejecting that which is deleterious.

Experience seems to have confirmed this *a priori* belief in the expediency of using arsenic. The Paris green certainly has been employed during the last two years to an enormous extent, and no well-authenticated case of poisoning has as yet been heard of.

In order to test the matter more fully, a number of experiments have been made. Drs. Snodgrass, Howland, and Brainerd treated beets with Paris green, and afterwards found evidence of the presence of arsenic. We have not seen the details of these experiments, but it is stated that they were performed in such a manner as to leave room for suspicion that the poison was mechanically adherent to the beet. Other more elaborate experiments have yielded a different result. Professor Croft, of University College, Canada, examined the vines and tubers of potatoes which had been completely drenched with Paris green: from the haulms, which could not be thoroughly washed, he obtained a trace of the metal, but in the washed and peeled potatoes not the slightest indication of the poison could be found.

The experiments of Mr. McMurtrie, chemist to the Agricultural Department at Washington, strongly confirm this result. In this investigation Paris green was mixed with soil in such proportion that it represented nine hundred and six pounds to the acre, estimating the depth of soil at one foot. Peas planted in this poisoned ground came to perfection without hindrance, and on chemical examination neither the fruit nor the vines themselves exhibited any signs of the presence of arsenic. Potatoes grown on plants which had been regularly treated with the drug were also submitted to Marsh's test by Mr. McMurtrie, but produced no stain on the porcelain.

The evidence seems to be conclusive; and we think our readers may eat their tubers with an even mind, even though their potatoes have grown in the scourged district.

FACILE EST DESCENSUS IN AVERNO.

MEDICAL teaching in these United States appears to be ever hurrying on towards utter disgrace and ruin. According to a correspondent of the *Clinic*, Indianapolis now has two great medical schools, whose plottings and counter-plottings keep the town agog. The medical department of the

University of Indiana and the College of Physicians and Surgeons, we are told, "divide the empire of Indiana between them,—one reposing grandly on the State of Indiana, one on the proud body of the medical profession of the State." The University is at present ahead: having captured the "Bobbs Free Dispensary," it bobs with it for—students. Alas! every rose has its thorn, and even bobbing its trials. Like the Legislature of Michigan, Mr. Bobbs apparently had a soul above prejudice: the beneficiaries of his charity must be free to choose their method of practice. At least so we infer, because the card of the Bobbs Free Dispensary reads, "Homœopathic physicians will attend all who desire their treatment; cards furnished to such by the clerk." The lion and the lamb,—the fierce regular with lancet and his heroic doses, and the mild disciple of Hahnemann with his diluted moonshine,—hand in hand, hold sweet converse amid the green parterres of the "Bobbs Free Dispensary." Our system daily perfects more and more of its deadly fruits: yet some men still think it a high honor to hold a professorship in a medical college,—that is, to form part and parcel of, and to uphold by word and deed, the existing system of medical teaching in these United States. *O tempora! O mores!*

PATHOLOGICAL EVOLUTION.—In a somewhat remarkable communication, Dr. John Struthers, of Aberdeen, at the recent meeting of the British Association explained how the tendon, say in a rheumatic shoulder, being no longer of any use, was removed from the upper bone and joined on to the lower bone, by which its use was thereby to some extent preserved. The steps of this process were narrated, and the subject was further elucidated by the exhibition of specimens. Adhering to the lower bone by the effects of excited action, the part of the tendon within the joint, having become functionless, was seen in various stages of passing away, while the attachment of the lower bones, on which the muscle pulled, became gradually stronger, till the adaptation was complete. It is very easy to believe that what may occur as a result of causes within the organism, and be therefore pathological, may under other circumstances happen as a physiological change due to causes without the organism.

TO MEDICAL STUDENTS.—Be sure you are starting right. Failure in life very frequently is the result of a man's choosing a calling for which he is not fitted. You may spoil a good business man to make a bad doctor.

LEADING ARTICLES.

THE MECHANICAL TREATMENT OF DISEASES OF THE STOMACH AND INTESTINES.

DURING the past ten years many advances in the treatment of the diseases to which the viscera are subject have been made, the most important of which have been the adoption of methods by which the remedies administered are brought speedily and directly in contact with the diseased portions of the intestine. There has thus been developed a local and mechanical treatment which properly belongs to surgery in its widest sense, but which, apart from the mere instrumental means used, has more to do with internal medicine.

Kussmaul, in 1867, was the first to publish the results which he had attained in the treatment of cases of distention of the stomach by introduction of catheters; by means of which, and a pump, he was enabled to wash out that viscus. In his publications on this subject the methods, objects, and advantages of this mode of treatment were so clearly laid down and explained that those who came after him have had but little to do except to modify some mechanical appliances and confirm his observations. He limited its usefulness very much, saying that in cancerous stenosis or extensive cicatrization of the pylorus, or even when, with but moderate narrowing, the lesions of previous chronic gastritis had caused marked changes, no complete cure could be hoped for, but merely a moderation of the sufferings of the patient.

An important advance was made by Ploss and Jürgensen, who called attention to the principle of the siphon, and suggested its use for the introduction and abstraction of fluids into and from the stomach, in place of the pumps of various kinds which had been previously employed to effect these objects.

The former of these also advised the use of a double catheter, by means of which a continuous stream of water can be passed into the stomach, making its escape via the same instrument, without necessitating any withdrawal of the tube after its first introduction, or any change of pump or turning of valves, as is essential in effecting the same purpose by other appliances.

This method of treatment has now been known about eight years; but, notwithstanding its undeniable usefulness and the warm recommendations which it has received from many clinical observers, its use has never become at all general. This has undoubtedly been to a certain extent due to the fact that too much has been looked for by those who have employed it.

The most simple apparatus with which the stomach can be catheterized, emptied, and irrigated is a rubber tube, two metres in length, nine millimetres in calibre, and with walls two and a half millimetres in thickness.

The introduction of the catheter into the œsophagus is not usually attended with any difficulty, but before the attempt is made a careful inspection of the mouth, pharynx, and chest should be made. It is of especial

importance to look into the condition of the respiratory and circulatory organs, since cases of sudden death consequent upon the introduction of a sound into the œsophagus, while of somewhat rare occurrence in medical annals, are still to be found. Catheterization can be performed either with the ordinary stomach-tube with a lateral orifice, with the double catheter, or, as Oser, of Vienna, prefers, with a simple rubber tube, open at both ends. It is of importance to know about how far the tube should be introduced, for, apart from the danger of injury to parts of the stomach weakened by ulcerative processes, if it is desirable to remove the contents of the organ, unless the tube is thrust far enough into them this purpose cannot, of course, be attained. Measurements to ascertain the average distance from the mouth to the deepest part of the stomach have been made, and in the stomach of a man of middle size, which was moderately dilated, the cardiac orifice was found to be thirty-nine centimetres from the mouth, while when the tube was pushed forward to a distance of fifty centimetres its extremity reached the deepest part of the organ. In some cases where the stomach is distended to a great extent, so that its lower edge is on the level of the umbilicus, or even lower if the abdominal walls are thin, the end of the instrument can be felt, and thus its position accurately determined. In other cases, resort must be had to percussion, and, when the limit is approximately found, the distance from this line to the mouth must be measured, and a corresponding length of the tube inserted.

The stomach, after the introduction of the tube, can, as was said above, be emptied either by a pump or by the siphon. The use of the latter of these methods does away with one source of accident with which the use of the pump may be attended,—namely, the suction of a portion of the mucous lining of the stomach into the tube when the end of this is directly in contact with the walls of the viscus. If due care is taken in managing the suction, no injury need be done in this way; but cases have occurred in which small pieces of the mucous membrane have been torn off, and found in the opening of the catheter upon its withdrawal.

The introduction and withdrawal of fluid by means of the siphon is of the utmost simplicity. The catheter must first be introduced into the stomach, and a tube attached to its free end, when both are to be filled with water, and the free end of the rubber tube brought to a level which is lower than that of the fluids of the stomach, when they will flow out, unless some solid matter plugs the tube so firmly that the current of fluid in the siphon cannot move it. This mode of procedure on the cadaver has demonstrated that it is perfectly feasible to withdraw almost all the contents of the stomach. The pump can be combined with the siphon and used until a stream is started through the tube, when, if the orifice of escape is lowered, the stream will continue to flow. If it is desirable to irrigate the stomach, in other words, first to introduce fluid and then withdraw it, the same method is used; the only modification being that the free end of the tube must

be kept at a higher level than that of the contents of the stomach while fluid is entering, and must be lowered again when it is desired to cause the direction of the current to change.

If the double catheter, which consists of a rubber tube which is divided down its entire length by a partition, is used, of course some time will be saved, for no changes in the manipulation will be required, and the current will flow uninterruptedly. The amount of fluid which can be introduced into the stomach differs, of course, with its capacity. Experiments upon cadavers have shown that it is a difficult matter to decide, since stomachs which would all be said to be of normal size differ very considerably. If it is desirable to do so, the water can be medicated before it is passed into the stomach, and various astringents, disinfectants, and other drugs have been thus used. The advantages in a diagnostic point of view of this introduction of fluid into the stomach deserve mention, for in some cases of internal tumors, as to whose character and location there is doubt, the exact definition of the area of the stomach is of material aid in determining their seat. In the treatment of cases of poisoning, when the poison swallowed is not of a caustic nature, the "bougie à double courant" affords a speedy and ready method of removing the contents of the stomach, and forms a valuable addition to other modes of life-saving apparatus. Cases of this kind, unfortunately, are not usually seen soon enough for successful treatment, and the great practical value of irrigation is in the treatment of certain affections of the stomach. If the object is simply to remove the contents of the stomach soon after a meal, it is better to administer an emetic, for the remains of the food will be apt to choke the tube and stop the flow of liquids. In that frequent form of dyspepsia in which there is a sense of weight in the region of the stomach after eating, bad taste, eructation, giddiness, etc., more good can be obtained by strict diet and attention to other hygienic measures than by this mode of treatment. But in those forms of chronic catarrhs which are attended with enlargement of the stomach and a marked increase of the secretion of mucus, and in those of a torpid character in which a healthy reaction was awakened, irrigation of the stomach was attended with good results. In some of these the mucous secretion forms a coating which mechanically interferes with digestion, and its removal by frequent washings is attended with great improvement in the performance of this function. The existence of perforating ulcer of the stomach should be regarded as a contra-indication to this mode of treatment, but in cancerous obstruction of the pylorus, if there is no hemorrhage, irrigation can be employed, and is often attended with considerable relief.

Simon has done for the mechanical treatment of some diseases of the intestine what Kussmaul did for those of the stomach. He introduced a tube five feet in length into the rectum, and by means of forced injections of water reached the descending colon, although Wachsmuth asserted in 1862 that with a similar tube he

had reached the ileo-cæcal valve. Hegar suggested a much simpler mode for the administration of injections of this character. He placed the patient in the knee-elbow position, and permitted water with a head of one to one and a half feet to flow through a rubber tube into the intestine. Mosler placed his patients on their backs and allowed large quantities of water, even up to five litres, to flow into the gut, and in cases of obstipation, helminthiasis, and also of catarrh of the small intestine, obtained good results. The question as to whether fluid can be in this way introduced into the small intestine cannot be certainly settled by experiments upon the dead body, since the peristaltic motion which may play an important part is here done away with. In the experiments which Oser made to determine this point, in only one instance did he discover that any fluid passed, and all the tests which he made by the introduction of the sulphocyanide of potassium above the valve, and the chloride of iron below, gave negative results. These experiments showed, however, that fluids would reach the higher portion of the large intestine before the lower part is entirely filled, and that the air which is present in the gut cannot be entirely expelled, but remains and distends some portions more than others as the peritoneal attachments are more or less firm. The same was shown by a patient with very lax abdominal parietes, in whom all the structures of the pelvis could be made out by palpation. After only one litre of water had been injected with a head of four or five feet into the rectum while the patient was lying on his back, its presence in the cæcum could be distinctly made out, while the descending colon was but little distended. The irrigation of the large intestine in the living is very simple, and requires no apparatus but a tube four or five feet long, with a stopcock on one end, and a short tube to go into the intestine. If the sphincter is not in good condition, and does not contract tightly around the tube, an obturator made of rubber is also needed to prevent the escape of the injection by the anus. But little pressure should be used at the commencement of the injection; but by elevating the vessel containing the fluid it may be gradually increased, but should be at once diminished if the patient complain of an undue sense of tension or pain. As in the stomach, so also in the intestine the introduction of large quantities of water may be of value either in a diagnostic or a therapeutic point of view. The situation of the large intestine relatively to that of the small intestine is very constant, and when it is filled over its area there is a dulness which forms a good starting-point for determining the situation of other normal or pathological contents of the abdomen.

When incarceration of the gut exists, by the injection of large quantities of water such a strain may be brought to bear upon the incarcerated portion that it may be restored to its normal position. If the incarceration should be at some point in the course of the small intestine, although the water which is injected does not itself pass the valve it is possible that, by the compression of gas before it, it may exert a favorable

action. Oser has himself seen no good results from this mode of treatment in incarcerated hernia, but other authorities have reported them, and before operating it may be advisable to make an effort at the reposition of the gut by intestinal irrigation. The inflammatory affections of the mucous membrane of the large intestine offer the most fruitful field for local treatment. Dysentery, follicular ulceration, catarrh, typhlitis in its early stages, and proctitis can be much more safely and rationally treated in this way, since the remedial agents are brought directly into relation with the diseased tracts. The surface of the intestine can thus be treated as an open wound, and all fecal matters as well as irritating discharges can be readily and frequently removed.

The more usual astringents can be used in this way, and, with the exception of zinc, carbolic acid, and nitrate of silver, in the strength in which they are commonly applied locally; but, as there is some absorption, it is well to give those which are poisonous in small quantities.

Mosler advises the use of this method in diseases of the small intestine, and claims that he has thus obtained good results; but if fluid does pass the ileo-cæcal valve, it can only be by its injection in such quantities as to cause great tension of the large intestine, and at best but the lower part of the ileum will receive it. If good results are thus attained, it is more probable that they are to be attributed to the absorption of the remedies and their action upon the secretion and peristaltic movement of the intestine.

CORRESPONDENCE.

LONDON HOSPITALS AND MEDICAL SCHOOLS.

LONDON, August 9, 1875.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—During my sojourn in the metropolis I have visited a number of the hospitals, and have gained some information which may perhaps be interesting to your readers. The number of hospitals in London is legion; but there are three or four that are especially prominent, either from their size or from the reputation of the medical men associated with them. One of the oldest is St. Bartholomew's, which, founded in 1123, has increased its facilities for treating persons "infected with divers great and horrible sicknesses and diseases," until it now contains seven hundred and ten beds, and has connected with it a secondary hospital for convalescents, and a medical school which claims to have more students than any other in London. To show the work done by this one institution, I may state that in some years there have been consumed as much as seven hundred gallons of cod-liver oil, eight hundred pounds of castor oil, twelve hundred pounds of salts; the last-named drugs indicating, one would think, a condition of constipation quite appalling. Such names as Harvey, Percival Pott, Abernethy,

and Paget may well add lustre to this charity of nearly eight centuries.

The finest hospital, architecturally considered, is certainly the new St. Thomas's. This, situated on the south side of the Thames, directly opposite the Parliament Houses, consists of six four-story brick buildings, placed one hundred and twenty-five feet apart, and connected by corridors. It was completed in 1871, at a cost of £500,000, and opened for the reception of patients in June of that year. It is truly a beautiful structure, but it is a question whether the money expended in mere architectural display might not have been employed more advantageously. St. Thomas's also has a medical school; among the lecturers being Dr. Murchison, on medicine; Dr. Barnes, on midwifery; Mr. MacCormac,—who was associated with Dr. Sims, of New York, in the ambulance service during the Franco-German war,—on surgery; and Mr. Liebreich, on ophthalmic surgery.

Guy's is another noted London hospital, accommodating six hundred and ninety patients, and containing a very fine museum of normal and pathological anatomy, as well as one devoted to comparative anatomy. In the chapel of the hospital lie the remains of Sir Astley Cooper, who was buried there at his own request.

Among the smaller institutions may be mentioned University College Hospital, with its long list of names familiar on both sides of the Atlantic; for who has not heard of Sir William Jenner, Reynolds, Sidney Ringer, Tilbury Fox, Erichsen, Berkeley Hill, and Heath? Sir Henry Thompson has but recently resigned his position on the staff of this hospital.

King's College Hospital is small, but can boast of such men as Watson, Beale, Fergusson, and Soelberg Wells. Of the special hospitals the Royal London Ophthalmic Hospital, Moorfields, is perhaps the most important.

A feature in these London hospitals, and a good feature it is, is the almost universal employment of women nurses in the male as well as in the female wards. They certainly make better and more gentle attendants on the sick than men, and the neatness of the wards fully attests the presence of woman. They wear small white caps, and their modest dress and demeanor as they stepped from one patient to another struck me most forcibly. Some of the hospitals have training-schools where these nurses are instructed in the various duties to devolve upon them when placed in the wards. In Philadelphia there exists a somewhat similar institution, where monthly nurses are given instruction to fit them for the lying-in room; but why do we not attach the same importance to the proper training of all nurses? Are not those who attend the patient continually as necessary to his welfare as the practitioner who sees him but once or twice during the day?

The general arrangements of the hospitals of London seem to be much the same as with us, but on the whole I think their wards lack the cheerful aspect that charac-

terizes ours. An exception, however, must be made in favor of the well-waxed floors, which are less likely to harbor germs of disease than ordinary floors, the chinks and cracks of which must retain many particles of dirt notwithstanding the most vigorous sweeping and cleaning.

Clinical lectures on surgery are delivered in the hospitals several times during the week; but how different they are from American hospital clinics, where we see classes of three hundred to four hundred students assembled in spacious amphitheatres! Here the classes are very small, as must needs be, since they consist only of the students of each respective hospital. The lecture-room does not contain seats, but is arranged in a series of ascending steps, on the edge of which is fastened a railing four feet high; upon this the *standing* student leans while watching the operator. I was going to say lecturer, but it would scarcely be correct to apply that term to one who says so little. This is the programme:—the patient is brought into the arena and placed on the table; the surgeon enters, perhaps fifteen or twenty minutes late; states the disease and the operation proposed; and then goes on with it to completion without saying a word. There is no discussion of differential diagnosis, the various modes of operating, or the regional anatomy; and consequently the student sees merely the cutting and suturing, and, if a first-course man, learns nothing.

So much for English clinics, which are far inferior to our own; but the training in the hospital medical schools seems, on the contrary, to be very thorough. Besides the seven regular branches, the curriculum embraces lectures and instruction in pathology, both didactically and in the post-mortem room, botany, practical physiology, practical chemistry, and dental surgery. In addition, the pupils have the opportunity of obtaining much clinical experience by filling the positions of dressers, clinical assistants, and, finally, of house physicians and surgeons. In this way not only does the student gain a practical knowledge of his profession, but the hospital wards come under the supervision of men who have been trained for the higher positions by a period of probation in the lower.

Although the student is instructed in some hospital school, he does not obtain his diploma therefrom, but, having studied for four years, and having passed a preliminary examination in arts, which is absolutely essential, he applies to the University of London, the Royal College of Physicians, the Royal College of Surgeons, or the Society of Apothecaries, for examination and a license to practise. The University of London is the only examining body in the city which confers the degrees of Bachelor of Medicine, Bachelor of Surgery, Doctor of Medicine, and Master in Surgery; the others giving merely licenses to practise, diplomas of membership, etc. The preliminary examination in arts spoken of above embraces the ordinary English branches, chemistry, Latin, and, sometimes, Greek. By this method the standard of scholarship is placed higher, and no man is allowed to practise medicine who does

not possess ordinary scientific knowledge. The degrees of Doctor of Medicine and Master in Surgery are conferred upon those who, after five additional years of study and practice, are found capable of passing the requisite examination. Thus you see that doctors are much less easily made in England than in America; and it is easy to understand the ready sale of bogus diplomas in the former country.

JOHN B. ROBERTS.

NEW YORK, September 7, 1875.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—The dulness of the long summer vacation still seems to be over everything here; but already the early notes of preparation have begun to be heard in our midst, and there are not wanting indications to show that in another fortnight the medical world, like the rest of human kind, will have become roused to its accustomed activity.

Most of our prominent practitioners have already returned to town, or will do so very shortly; though Professors Sands and Fordyce Barker and others who have been abroad for the summer are not expected back until a little later.

By those who have been away for any length of time, some changes will be noticed about the city. The new building of the Medical Department of the University of New York, situated at the foot of East Twenty-sixth Street, in the immediate vicinity of the old college, has been rapidly pushed forward to completion, and now stands ready for occupancy.

It is of brick, with handsome brown-stone facings, and is a substantial and capacious structure, though architecturally quite inferior to the new buildings of the Medical Department of the University of Pennsylvania. The arrangement of the interior, however, is very admirable, and its appointments will, no doubt, be the most complete of any medical college in New York.

Work has also been steadily progressing on the new building of the New York Hospital Society, on Fifteenth Street near Fifth Avenue, and the first story is now up. The hospital will be about one hundred and fifty feet long by one hundred feet deep, and its estimated cost when completed and furnished, exclusive of the price of the land, is four hundred and thirty-five thousand dollars.

This building is being constructed in accordance with the plan for the resumption of hospital operations suggested by a special committee of the Board of Governors appointed to report upon a site for hospital buildings, and the general principles which should control the Board in its selection and in the construction of the necessary buildings.

The recommendations of the committee, the conclusions of whose report received the unanimous approval of the Governors, are based upon the following facts:

1. That additional large general hospitals are not at present required in the city of New York, the accom-

modations of such existing institutions, with the exception of Bellevue, being largely in excess of their use by the sick poor; and that the failure of this class to avail themselves of the superior privileges of these institutions arises from the inability of the poor to pay the very moderate hospital charges for their treatment and support while patients, and the insufficiency of means of the hospitals to support more than a very limited number of free patients.

2. That the concurrent testimony of all conversant with the requirements of the city south of Twenty-third Street establishes the fact that there is pressing need in that locality of hospital accommodations for the immediate relief of sufferers from accident and sudden acute sickness.

3. That small hospitals, with twelve beds each, a resident physician and surgeon, two nurses, and the necessary subordinates, established at proper distances, could be conducted at a comparatively small expense, relieving all applicants from a prescribed locality, and, if need be, accommodating such as could not be immediately moved, until able to be transferred without risk to a general hospital.

4. That the Society of the New York Hospital is now in a position to inaugurate such a system of hospital treatment, and that no more economical and beneficial application of its funds can be made at the present time.

5. That a central establishment, having also accommodations for the executive officers of the Society, the hospital library, pathological cabinet, and for the meetings of the Board of Governors, is essential to the prosecution of the system of relief indicated.

In accordance with these views, the Society purchased five lots on Sixteenth Street, including the old Thorne Mansion, a handsome brown-stone building, with ample room for the library, pathological cabinet, and executive officers, and also a number of lots immediately in the rear, on Fifteenth Street, upon which the new hospital building is now being erected. The cost of this property amounted in all to three hundred and fifteen thousand dollars.

Early in the summer the first of the small branch hospitals was opened down town, in the vicinity of the City Hall, the Society having obtained from the city the use of a building which was formerly, we believe, a precinct station-house; and since then it has been doing excellent service in the reception of accident and emergency cases.

Until October last the use of the New York Hospital Library had been confined to the physicians and surgeons on the staff of the hospital and the annual subscribers, and the library was open for consultation only a few hours daily. Since its removal to the spacious rooms in the building on Sixteenth Street, however, it has been made free to all, and the hours of admission have been extended so that it is open daily for consultation from 10 A.M. to 10 P.M., with two brief intermissions, while the profession have shown an increasing appreciation of the privileges thus afforded them. In

the extent of its collection this library is second only to that of the Surgeon-General's office, Washington, and that of the Pennsylvania Hospital, Philadelphia. At the beginning of the present year it contained nine thousand six hundred and forty-five volumes, three hundred and thirty of which had been added during 1874.

The pathological cabinet is also in a flourishing condition, and has recently received quite a liberal endowment from Mr. Robert Ray.

Our grand new post-office was occupied for the first time last week, and thus far only two sources of dissatisfaction in regard to it have manifested themselves,—viz., a pie-stand desecrating its massive corridors, and the lack of ventilation in the basement. The first of these nuisances has already been abated by the prompt interference of the Postmaster-General himself, and it is to be hoped that the other abuse will also soon be corrected. It is gratifying to hear that ventilation has at last come to be considered a very important element in the construction of every new building, and every accomplished architect is at least supposed to be thoroughly acquainted with the subject; though, alas, how seldom it is that we meet with any much-frequented edifice in which there is a constant supply of pure, fresh air!

Of churches, that of the Rev. Dr. John Hall, now approaching completion at the corner of Fifth Avenue and Fifty-fifth Street, will, without doubt, be the most completely ventilated of any on this continent, if the elaborate system designed by the architect (who was also the architect of Roosevelt Hospital) can be successfully carried out. The interior of the building was really finished last spring, but it will be necessary to see how the ventilation stands the test of the winter season before judgment can be finally passed upon it. This church is one of the largest in the city, costing, it is said, over a million of dollars altogether. The auditorium is one hundred feet deep on the main floor, one hundred and thirty-six feet deep on the gallery, eighty-five feet wide, and sixty feet high, with seats for two thousand persons. It has been the aim of the architect to produce a building which should be as perfect as possible as to facilities for hearing and seeing, and to secure for each listener the utmost comfort in respect to such matters as heating and lighting, as well as ventilation.

There are twenty-four large and twenty-four small windows. Each window has two sets of sashes, glazed, with stained glass, and with gas-jets between them. The space between the two sashes is a large ventilating flue, drawing the air from the church through the perforated panels of the wainscoting, the current being increased by the heat of the gas-burners within the space. Every gas-burner in the church is hidden by ornamental glass-work, giving a mellow light which is most grateful to the eye, and is also supplied with ventilating flues.

An air-tower at one corner of the building supplies pure air, which is drawn by a fan in the cellar, at the

base of the tower, that is worked by a ten-horse-power steam-engine. Ten feet above the floor of the tower, inside, a perforated water-pipe extends around the walls, making a shower to cool the air in the summer, and free it from dust, if necessary. The entire cellar floor can also be sprinkled to cool the air. The fan is of iron, seven feet in diameter, and can make two hundred and twenty revolutions in a minute, forcing thirty thousand cubic feet of pure air into the church during that time. The entire cellar is an air and heating chamber, into which the fan delivers the air, the ceiling being covered with a net-work of steam-heating-pipes.

Before the air enters the auditorium, it passes over the steam-pipes, and is warmed. The warm air enters the body of the church through movable slats in every pew, and every person in the pews can have warm or cold air at his feet, as he chooses. When cold air is forced into the auditorium, it enters fifty feet above the heads of the congregation, so that there can be no draught. The steam for heating is generated in two fifty-horse-power boilers.

The public schools reopened yesterday, and there is reason to fear that they will now be more overcrowded than ever, on account of the enforcement of the Compulsory Education Act. Few, if any, of our school-houses are scientifically and adequately ventilated, and there can be no doubt that the health of many of the children is perceptibly affected in consequence. There are other evils also, besides the lack of ventilation, which seem, unfortunately, only too prevalent even under the best systems of common education, and yet which could be very easily remedied. In Germany the increase of myopia among school-children has been shown to depend in great part on badly-lighted study-rooms, unsuitable seats and desks, too long continuous hours of study, and a confined range of vision. Examinations of schools in Europe in order to determine the refractions of scholars' eyes have of late years been of quite frequent occurrence; and in imitation of the labors of Jager, Cohn of Breslau, Erismann and Dobrowsky of St. Petersburg, Hofman of Wiesbaden, and other European oculists, Dr. Callan, of this city, Assistant-Surgeon to the New York Eye and Ear Infirmary, conducted during last spring and the early summer a series of examinations on the eyes of school-children here. For this purpose he selected pupils from the colored schools, and for the following reasons. Heretofore nearly all the examinations have been made in Germany, and, needless to remark, on whites. It is, to most, familiar that there is a very large percentage of myopia among the students in the gymnasiums and universities there. The Germans acquire myopia by their long years of study, having perhaps inherited a predisposition to it, or inherited it already developed. Our colored brethren, as a rule, never did enjoy a thorough system of education. The present generation in New York may be said to enjoy as thorough as the city affords; but their forefathers did not. Neither have they been raised to such pursuits as demand a very close application of the eye, such as engraving, etc.,

and therefore, *ceteris paribus*, the negro's eye should approach nearest to a natural eye, *i.e.*, the normal eye. The very best material for examinations of this kind could be obtained in the Southern States, where, until of late years, the negro was unjustly debarred from the luxury of spoiling his eyes in the attainment of a modern education.

In these examinations each scholar was placed thirty feet distant from test-types (Snellen's) on the wall of the study-room, and each eye alternately tested on card "A," for example, the result being noted. Then convex and concave glasses were placed in turn before each eye, and the pupil was asked to read card "E." "Cohn was very fortunate," says Dr. Callan, "in being able to examine two hundred and forty scholars' eyes under the influence of sulphate of atropia, an opportunity that does not present itself very often; and such a procedure was entirely out of the question in the present instance, particularly as the colored children feared from the first that their eyes were, by a species of legerdemain, to be taken out and then replaced,—a belief, by the way, which is not confined to colored children, but is also shared by some very large children of the Caucasian race. Not being able to put atropia into the scholars' eyes, we put it in our own, so as thoroughly to paralyze the action of the ciliary muscle, and kept our eyes in that condition during the ophthalmoscopic examinations. Each scholar's eyes were separately examined with the ophthalmoscope in the upright image, and the correcting-glass, used to view the fundus distinctly, gave the refractive condition of the examined eyes. In this manner the examination was made with all due accuracy. Our eyes being under the influence of atropia, we were not able to use our accommodation, and the glass used to see the fundus gave the desired refraction."

The ophthalmoscopic examinations were made in the forenoon, and extended over a period of five weeks, during which time both eyes of the examiner were under the influence of a four-grain solution of sulphate of atropia applied three times daily, so as completely to paralyze the accommodation. Two public schools were examined, both together containing 457 scholars. The following is the result of the examination: 431 emmetropic, 94 per cent.; 12 myopic, 2.6 per cent.; 14 amblyopic, 3 per cent.

Public School No. 3 contained 293 scholars; 274 emmetropes, 10 myopes, 9 amblyopes.

Public School No. 4 contained 163 scholars; 156 emmetropes, 2 myopes, 5 amblyopes.

School No. 3 had a percentage of 3.4 per cent. myopes, while School No. 4 had only 1.2 per cent. myopes. The explanation is that School No. 4 has only a local attendance, while School No. 3, which has an excellent corps of teachers, and is really the colored high school, is frequented, in consequence of its superior advantages, by children of well-to-do parents from all parts of the city proper, as well as Manhattanville and Harlem.

Dr. Callan is fully satisfied that, had he examined an

equal number of white scholars, a much larger percentage of myopia would have been shown than that found among the colored children, *viz.*, 2.6 per cent.

The effect of the recent high temperature on the mortality of the city is seen in the fact that 674 deaths were reported during last week, against 592 reported the week previous, when the weather was cool. The extra corps of vaccinators have still continued their work, and during the month of August made over ten thousand vaccinations. As a direct result, we find smallpox steadily diminishing, and during the week ending August 28 there were only twenty-six cases reported. For the same week, the number of cases of diphtheria ran down to thirty-nine; the disease causing but twenty-three deaths, the least number of any week in the year. Smallpox caused fourteen deaths during the last two weeks of August,—also the least number of any fortnight in the year. The Registrar of Vital Statistics reports that in the week ending August 28 there were thirty-four deaths from bronchitis and pneumonia, thirty-nine in the previous week, thirty-four in the second and forty in the first week in August, and that in these four weeks the least mortality in the year was registered from these two diseases; so that we have some offset at least to the increased infant mortality from diarrhoeal maladies.

PERTINAX.

REVIEWS AND BOOK NOTICES.

CANTHOPLASTY AS A REMEDY IN CERTAIN DISEASES OF THE EYE. By C. R. AGNEW, M.D. New York, 1875.

This pamphlet of only ten pages is a brief but clear statement of the conditions which, in the author's experience, have been benefited by canthoplasty. It is stated to be of great therapeutic value, especially in cases of recurring strumous ophthalmia which have proved rebellious to general therapeutic measures. In one hundred and ninety-one cases tabulated on the tenth page, it seems, however, to have been employed quite as frequently in conditions not necessarily strumous, but in which the general indication of relieving the cornea from undue pressure or unfavorable contact with the lids was presented,—*e.g.*, in granular lids, pannus, keratitis, ulcerative or not, distortions of the lids, blepharospasm, and panophthalmitis. The author's method of performing the operation is very carefully stated, the description being aided by five illustrations on wood. His method differs from that usually employed only in his care to divide the upper tarsal ligament. That Dr. Agnew recommends it is much in its favor, and will secure for canthoplasty a trial by those not already in the habit of employing it.

OTITIS. By C. R. AGNEW, M.D. A Lecture extracted from the series of American Clinical Lectures.

In this very readable pamphlet, Dr. Agnew sets forth in plain language (not for experts, but for the general practitioner) the dangers of relying upon ordinary antiphlogistic measures in the treatment of acute inflammatory conditions of the outer and middle ears. He directs attention to the necessity of early incisions and repeated leechings and inflation of the middle ear. He advises in cases of measles and scarlet fever that the ear be examined daily. The lecture is preceded by a dissertation of a somewhat elaborate character,—more

valuable to the layman, we should judge, than to the physician,—“on taking cold.” Dr. Agnew is an advocate of total abstinence as a preventive of “taking cold,” and strongly advances the claims of coarse farinaceous food, such as wheaten grits. Of the latter he says, “Their mechanical contact with the digestive organs does for them a work something like that which friction of the skin with the ‘hair mittens’ does for the surface of the body in hastening the desquamation of effete and sickly epithelium and the cleansing of follicles.”

MANUAL OF COMPARATIVE ANATOMY AND PHYSIOLOGY.

By S. MESSENGER BRADLEY. Third Edition. Lindsay & Blakiston, 1875. Pp. 262, 12mo.

This little volume presents a faithful exposition of the subjects treated of under the above title. As can be inferred from the size of the volume, the matter is compressed, the style employed not permitting any other than the most succinct statement of facts. The work is designed especially for preparing English students for their examinations. We are therefore prepared to see the chapters on the vertebrata very full; indeed, they occupy the latter half of the volume. The illustrations are not of the highest order of excellence, but, in a work of so little pretension, this is, after all, no great defect.

GLEANINGS FROM OUR EXCHANGES.

MERCURIAL BATHS IN SYPHILIS (*The Lancet*, August 21, 1875).—Mr. Henry Lee describes as follows the plan of administering the mercurial vapor-bath, which he extols highly as comprising, in many respects, the greatest therapeutic advantage with the least possibility of unpleasant effect.

A lamp, in which the methylated spirits of wine is burned, is put into a case, made principally of wire gauze, on the principle of the Davy safety-lamp. The top of the case is fitted with a central, movable, small circular plate, surrounded by a trough, which should contain one ounce of water only. The water should be boiling when first put in, or should be allowed to remain over the lighted lamp until it begins to boil. Thirty grains of re-sublimed calomel are then spread out on the central small circular plate. This should be quite dry. The patient then sits, without his clothes, on a small stool or chair, and the lamp is placed between his legs. A cloak made of moleskin or of some thick material is then made to cover the whole apparatus, and is tied round the patient's neck. It is important that the cloak should go quite down to the ground all the way around. As the water boils, a certain quantity of steam is enclosed within the cloak, and a little later the vapor of the calomel as it rises passes through the steam and becomes mixed with it. The water first disappears, and the calomel is sublimed in from ten to fifteen minutes. The patient then gets into bed with the cloak on, so as to make it his night-dress. In this way the calomel is necessarily kept on the surface of the skin. The cloak used is furnished with a cane hoop, so as to be kept away from the skin during the action of the bath, and this hoop may be removed as soon as the bath is over, and replaced again before the bath is used the next night. The cloak has a slit in front, which the patient is generally directed to open for about an inch, so as to allow some of the vapor to escape. This rises in front of his mouth and nose, and he is directed to inhale it for a minute at the expiration of each five minutes during the continuance of the bath, so as to breathe the vapor for about three minutes altogether. The patient during this time keeps his head up, so that the moistened calomel vapor passes for about six inches through the

common air before it is inhaled. This inhalation is not always necessary, but it furnishes a means of regulating with the greatest nicety the action of the mercury, as indicated by its effects upon the gums. He has never found mercury administered in this way produce salivation where patients had not also taken it in some other form. The action is upon the surface of the body, and the internal parts are comparatively unaffected. No diarrhœa is produced except from some accidental cause. The stomach and intestines are not irritated, and are free for the use of food or medicine. The perspiration produced amounts only to a slight moisture on the skin, and when this is the case the patient very rarely experiences any debilitating effects from the continued use of the bath. During this treatment Dr. L. generally recommends patients to abstain from taking vegetable acids; and for this purpose, as a rule, they are told not to eat raw vegetables or raw fruits, such as salads, cucumbers, celery, apples, pears, and oranges. As the object is to have the calomel in contact with the skin, the patient washes only as much as may be necessary.

NITRITE OF AMYL IN SEA-SICKNESS (*The Lancet*, August 21, 1875).—Dr. Crochley Clapham, believing the proximate cause of sea-sickness to be an undue congestion of the vessels of the spinal cord, has tried to remedy this condition by the use of nitrite of amyl in one hundred and twenty-four cases; one hundred and twenty-one of which proved eminently satisfactory, there being no return of the malady after the administration of the nitrite. The remaining three cases were only unsuccessful in so far as they required a further dose or two of the remedy.

The mode he adopts of exhibiting the drug is by inhalation, three drops of the nitrite being poured on a handkerchief and held close to the patient's nose. The inhalation must be conducted rapidly, so as to give the full influence to the drug without a too free admixture of air.

The action of the remedy in freeing the circulation and relieving the hyperæmia of the spinal cord will be quickly evidenced by a throbbing sensation in the temples (occasionally rather disagreeable), and by a more or less general flushing and increased warmth of the surface of the body. This warm and comfortable glow, which takes the place of the chilly sweat so disagreeable in this disease, is usually followed in the course of half an hour by a pleasant slumber, from which the patient wakes to eat a hearty meal. Should the sickness recur, which it may do after the lapse of twenty-four hours, the inhalation must be repeated. The patient should be in bed when under treatment, so as not to interfere with the subsequent sleep; and it is usually better to allow one fit of vomiting to take place before applying the remedy, not only to insure the bonâ fide character of the seizure, but also because it is advantageous unless the patient be in a very weak state of health. He met with only one case in which the medicine was refused on account of disagreeable effects, and in this instance, which occurred in the tropics, the patient complained that “it made him feel so hot he would rather be sea-sick.”

CASE OF DISLOCATION OF THE ASTRAGALUS (*The Boston Medical and Surgical Journal*, August 26, 1875).—Dr. David W. Cheever reports the case of a man who fell about twelve feet, alighting on his feet, and injuring the left foot severely. There was no distortion, crepitus, or mobility above the ankle. Both malleoli were in place, and firm. There was a bony crepitus at the neck of the astragalus. There was a very marked, partly rounded, and partly sharp projection of bone between the inner malleolus and the heel. There was a depression beneath the outer malleolus. The rest of the

tarsus and metatarsus seemed normal. The tendo Achillis was drawn tense, and shortened, over the unnatural prominence of bone which lay between the inner ankle and the heel. The heel was drawn up. The mobility of the ankle-joint was largely diminished. The last joint of the great toe was strongly and immovably flexed at a right angle.

The diagnosis was a fracture of the astragalus at its neck, and a dislocation of the whole body of the astragalus from between the malleoli and os calcis, inwards and backwards.

Attempts were made with extension and counter-extension, and by alternately flexing and extending the foot, to press the bone back into its place, but without any effect. Tenotomy of the tendo Achillis, the tibialis anticus, the tibialis posticus, and the flexor longus digitorum was then resorted to, but also unsuccessfully. The foot was then secured immovably in a carved outside Pott's splint, and the leg laid upon its outer side. The tenotomy punctures were covered with plaster, and the joint and dislocation dressed with a lotion of equal parts of laudanum and cold water. Ulceration and sloughing took place, but there was no abscess, caries, or necrosis, and the patient recovered with a tolerably useful foot.

A CASE OF POPLITEAL ANEURISM CURED BY AN EXTEMPORIZED COMPRESSOR (*The Lancet*, August 21, 1875).—Mr. Nathaniel Alcock reports a case of popliteal aneurism occurring in a woman, æt. 38, and in which treatment by means of Carte's tourniquet and flexion had proved unavailing. It was remembered that Dr. Bellingham had found the weight of a conical piece of lead to be borne when no instrument would be submitted to. A tin funnel was procured, and a cork inserted into the narrow end and covered with a soft pad. The funnel was then filled with shot, and the whole enclosed in a calico bag to prevent the shot from escaping. The funnel was then placed over the femoral at the fold of the groin, the exact position of the vessel being indicated by a piece of soap-plaster, spread on leather, pasted over it, and additional shot was poured into the bag until the circulation was completely stopped; the limb was unbent to relieve the acute pain in front of the knee, and the weight was held in this position for twelve hours and a half without the slightest variation. At the end of that time all pulsation in the tumor was at an end, and the aneurism was cured.

For two days the funnel was applied for a few hours each day to secure the full contraction of the clot, and then was finally omitted. The total weight of the loaded funnel was six pounds two ounces.

The collateral circulation was so effectually developed that the temperature of the limb was not at any time perceptibly lowered, nor has any inconvenience arisen from occlusion of the main artery. The tumor was reduced to the size of a small walnut, and is perfectly solid.

TETANUS FOLLOWING MENORRHAGIA WITH PURPURA HÆMORRHAGICA—HYPODERMIC INJECTION OF CHLORAL—CURE (*The Obstetrical Journal*, August, 1875).—Dr. Ribell relates the case of a patient, æt. 36, who suffered from purpura hæmorrhagica after each of her four confinements. Nine weeks after her last one, severe rigors set in, followed by contraction of the muscles of the neck, stiffness, and difficulty in deglutition, with slight trismus. The symptoms increased rapidly, and left no doubt as to their nature. Fifteen-grain doses of chloral every half-hour were given for three hours, when sleep supervened, and lasted five hours. The symptoms returned when the patient awoke, and gradually increased in severity, pains in the back and suffocation being complained of. Thirty grains of chloral in solution were injected into the side of the

neck, and repeated every hour for six hours. Sleep then occurred, and lasted nine hours, the patient awakening free from all symptoms. Two hundred and ten grains in all were injected. Convalescence was slow.

BLINDNESS AND DEAFNESS DUE TO TAPE-WORM (*Boston Medical and Surgical Journal*, August 19, 1875).—Dr. Williams reports the case of a child of eight years, puny but in fair health. It had suddenly lost its hearing six weeks previously. Four weeks before, that is, a fortnight after the deafness, it had in one day lost its sight. For a day blindness was complete; then for a time there occurred successive intervals of sight and blindness. If any one whom the child knew brought his eyes close to it, it would catch the expression of the eyes and show recognition, but it recognized no other light, however bright. The ophthalmoscope showed no local trouble or cerebral lesion. There were signs of tape-worm present, and the loss of the two functions could be attributed only to reflex action. There had been no vomiting. On the removal of the worm both sight and hearing completely returned.

MISCELLANY.

MEDICINE IN INDIA IN THE OLDEN TIME.—Meanwhile, we are grilling in India, where two hundred years ago there were no physicians, excepting those attached to royalty, the poor people consigned to herbalists. When a potentate had migrains, neuralgia, or headache after salmon, he was bled in four places under the tongue to the extent of eight ounces, received into four golden porringers. The queen's tongue could only be seen protruded through a curtain, her royal pulse felt through lawn, whilst for venesection a jewelled, well-turned, shapely arm would just peep through silken or velvet hangings of crimson, purple, green, and gold, the rest of the body concealed behind the arras. One grandee had ten Persian physicians, the senior a man of jealous temperament, who threw his pretty wife over the castle battlements to cure her of flirting. The lady only broke her ribs. The indignant public cried shame unto him; so the physician, packing up goods, chattels, and wounded wife, sold his practice and left the place. He had not travelled far when the monarch, taken ill, probably from delirium tremens, ordered his recall. Promptly stabbing wife, four children, and thirteen female slaves, by way of standing up for professional dignity, the doctor returned to work, resuming brass plate and night-bell, probably publishing the whole correspondence in the *Delhi Medical Gazette* under the head of ethics.

These physicians, cognizant of Ganges water causing diarrhœa, always praised wells in preference; and in the history of every nation, from the earliest records, the water theory, under the designation of poisoned wells, stands prominent also. So far back as the days of Plutarch the operation for laryngotomy was performed when a fish-bone stuck in the throat. Aurungzebe, of Delhi boil celebrity, suddenly took to drinking water, to living on barley bread or millet, and to lying on the ground with a tiger-skin only under him, and thus fell

ill in 1665, the celebrated comet year. An aged, tottering monarch fell violently in love with a girl of thirteen, and, consulting the advertising silent friends of the day, they nearly killed the wicked old gentleman with nervine tonics and electro-curative restorers, which in modern days have been well exposed in the "Revelations of Quackery" by Mr. Courtenay.

Tavernier, the jeweller, who described the Koh-i-nor, tells curious tales, for instance, of Goa, where the hospital patients mostly came out in their coffins after treatment by blood-letting, beef-broth, rice, sweetmeats, and three glasses of cow's urine daily; of the barbarities practised on eunuchs, some terribly mutilated, everything cut off flush with the belly, the bladder and urethra seriously injured; of the Persian climate, free from variola, yet up to the age of twelve conducive to eczema; no grit or gravel, except for the intemperate, and, thanks to the dry air, the cases of secondary syphilis very mild. Colic treated by hog's flesh; dysentery by curdled milk, rice, and rhubarb; and fever involved twelve days' hard tea-drinking, the diaphoresis turning everything yellow, even the walls of the sick-chamber.—*Indian Correspondence of the Medical Press and Circular.*

PROSTITUTION IN BUENOS AYRES.—Buenos Ayres has established a law governing prostitution, which resembles in its general characteristics the laws adopted in other countries,—viz., in requiring an examination of the registered prostitutes, imposing fines on clandestine prostitutes and upon men who cohabit with them, and in the absence of any inspection of the physical condition of men resorting to houses of prostitution.—*Medical Press and Circular.*

SIR CHARLES LOCOCK, who died on the 23d of July last, aged 76, won his high place in rather a peculiar manner. Thoroughly but not liberally educated in his profession, possessing no brilliant reputation in the field of medical literature, his success rested almost solely upon such a union of moral and intellectual attributes as fitted him to shine as a fashionable physician.

KILLING TWO BIRDS WITH ONE STONE.—A clergyman who suffered severely from asthma was one day compelled to open a bottle containing the odoriferous pouches of the skunk, in order to relieve himself, while in the pulpit, of an impending attack. The effect was to drive his congregation out of church in a body. (See Wood's "Natural History," vol. i. p. 377.)

THE Georgia State Board of Health is now fully organized, with Dr. V. H. Taliaferro as secretary.

NOTES AND QUERIES.

OBITUARY.

DR. W. W. HOUSEMAN, aged 22 years, died September 7, 1875, of typhoid fever.

He was a graduate of Jefferson Medical College, and Resident Physician of Blockley Hospital. His young life was full of zeal for the work that had been early marked out for him. His bearing in the competitions of

the class was characterized by a modest fairness, a sympathetic glow for his less-favored companions, and a manly endeavor to remedy his own defects.

Thoroughness, by painstaking labor, was his lever of success; but along with this he had a wonderful love and ability for his calling, which certainly promised much for the profession as well as for himself. This completeness of character was exhibited in all his intercourse by a high moral and social deportment. While it cannot but be regretted that so many bright hopes and promises are so soon withered, yet the example he has left commends itself to his companions and associates.

With a well-trained and disciplined mind he entered upon the study of his profession. By a careful and diligent use of all the advanced means for acquiring knowledge, he won the esteem of all his teachers, and took a high standing in his class. At the close of his college course he entered the hospital with his usual energy.

It was while in the pursuit of these cherished aims and in the path of duty that he was taken with disease, which has cost him his life. But even here there is a bright side, and we can leave him safe in a Christian faith.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—At a meeting of the Resident Physicians of the Philadelphia Hospital, held Wednesday, September 8, 1875, the following preamble and resolutions were adopted:

"Whereas, It has pleased God in his wisdom to remove from our midst our friend and fellow-laborer, W. W. Houseman, M.D.; therefore be it—

"Resolved, That, while we bow in humble submission to the will of our Heavenly Father, we deeply lament the untimely death of our late friend and associate, whose manly and amiable qualities have endeared him to us and won for him the affection of all who knew him.

"Resolved, That the Medical Staff of the Philadelphia Hospital has lost in him one well qualified to fill the arduous duties of the post which for so short a time he held.

"Resolved, That we extend our most earnest and heartfelt sympathies to his family in their affliction.

"Resolved, That a copy of these resolutions be presented to the family."

JOSEPH BERENS, L. H. A. NICKERSON,
A. A. McDONALD, H. A. SMITH,
S. R. GORGAS, C. W. DULLES,
S. S. DEASE, A. W. RANSLEY,
H. W. STELWAGON, W. H. RUSH,
J. F. EDWARDS,
Resident Physicians, Philadelphia Hospital.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM SEPTEMBER 7, 1875, TO SEPTEMBER 13, 1875, INCLUSIVE.

MILHAU, J. J., SURGEON.—Relieved from duty at Fort Columbus, New York Harbor, and granted leave of absence for six months. S. O. 183, A. G. O., September 11, 1875.

SMITH, A. K., SURGEON.—Relieved from duty in Department of the Missouri, and assigned to duty at Fort Columbus, New York Harbor. S. O. 183, c. s., A. G. O.

HEGER, A., SURGEON.—Relieved from duty in Department of Dakota, and assigned to duty at Willet's Point, New York Harbor. S. O. 182, A. G. O., September 9, 1875.

WEEDS, J. F., SURGEON.—Granted leave of absence for one month, on Surgeon's Certificate of Disability. S. O. 128, Department of the South, September 8, 1875.

BROOKE, JNO., ASSISTANT-SURGEON.—To report in person to the Commanding General, Department of the South, for assignment to duty. S. O. 182, c. s., A. G. O.

MONROE, F. LE B., ASSISTANT-SURGEON.—Relieved from duty in Department of the South, to report to the President Army Medical Board, New York City, for examination for promotion, and, upon its completion, to the Commanding General, Department of Dakota, for assignment to duty. S. O. 182, c. s., A. G. O.

KIMBALL, J. P., ASSISTANT-SURGEON.—Leave of absence extended one month. S. O. 97, Military Division of the Missouri, September 8, 1875.

BYRNE, C. B., ASSISTANT-SURGEON.—Relieved from duty at Willet's Point, New York Harbor, to report to the President Army Medical Board, New York City, for examination for promotion, and, upon its completion, to the Commanding General, Department of Texas, for assignment to duty.